

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment*, with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Clerk fills in case number when form is filed.

Case Number:

1 Information about where the child lives:

- a. The child lives ☐ with a relative ☐ in a foster home
☐ with a nonrelative extended family member
☐ in a regular group home ☐ in a level 12–14 group home
☐ at a juvenile camp ☐ at a juvenile ranch
☐ other (*specify*): _____

b. If applicable, name of facility where child lives: _____

c. Contact information for responsible adult where child lives:

(1) Name: _____

(2) Phone: _____

2 Information about the child's current location:

- a. ☐ The child remains at the location identified in **1**.
b. ☐ The child is currently staying in:
(1) ☐ a psychiatric hospital (*name*): _____
(2) ☐ a juvenile hall (*name*): _____
(3) ☐ other (*specify*): _____

3 Child's ☐ social worker ☐ probation officer

a. Name: _____

b. Address: _____

c. Phone: _____ Fax: _____

4 Number of pages attached: _____

Date: _____

Type or print name of person completing this form

Signature

- ☐ Child welfare services staff (*sign above*)
☐ Probation department staff (*sign above*)
☐ Medical office staff (*sign above*)
☐ Caregiver (*sign above*)
☐ Prescribing physician (*sign on page 3 of JV-220(A)*)